MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO | FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4		3				
5		3				
6		3				
7		3				
8		3				
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17		3				
18		3				
19	1					
20		1				
21	1					
22		1				
23		2				
24	1					
25	1					
26		1				
27		1				
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50						
TOTAL IND.	12					
TOTAL DEP.	53					
TOTAL CLAIMS	61					

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS